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Dr Darrin Baines

Smash and grab

Education is cherished by the NHS so pharma beware before trying to capture it

Knowledge management is the current fad for the fashionable pharma set.

Most leading firms now have knowledge managers who keep their beady eyes on all and sundry, especially the masses of 'knowledge' about markets within the NHS.

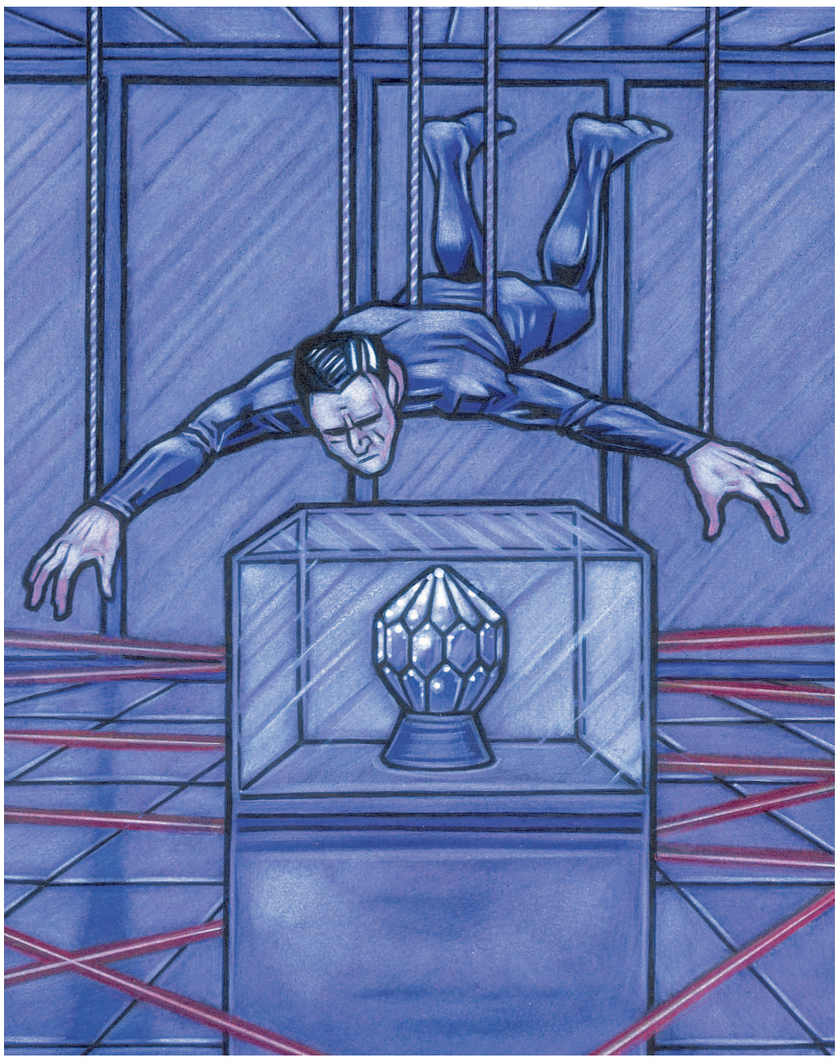
The problem with this area is, of course, distinguishing between information and knowledge; the latest management thinking believes information is simply data that describes the world we inhabit, whilst knowledge tells us how to act. Therefore, we do not need more data about markets but an understanding of how to behave in order to achieve our marketing goals.

Evidence suggests that firms are failing to turn their sophisticated market information into real increases in sales because they are suffering from what is commonly known as the 'knowing-doing gap'.

So, how can pharma mind the gap when devising marketing plans? Maybe, just maybe, with the introduction of Teaching Primary Care Trusts (TPCTs), the NHS may be able to teach the industry a thing or two about knowledge management!

We have already said that information by itself is not knowledge but for companies deciding how to respond to their evolving markets, the steps to knowledge are clear.

The first step is always to collect data on the world in which their products are marketed. For example, what is the structure of the NHS? Who are the key decision-makers? What funds are available? How are decisions made? Although such data is illuminating, on its own it is of little use to company decision-makers.



In recent years, we have been bombarded with so much information on changes to the NHS most companies have now adopted a wait-and-see strategy. Sensible firms don't make judgements as soon as new government initiatives – such as National Service Frameworks, Health Action Zones or Local Pharmaceutical Services pilots – are first announced.

Once a higher level of enlightenment has been achieved, companies can ascertain how new policy initiatives create new options for their products.

By examining their options, companies can decide how to act. For example, we now know that Patient Groups Directions (PGDs) offer a fantastic marketing opportunity; however, few firms are yet clear on how to turn this understanding into action.

Therefore, an important element of knowledge management is the transformation of understanding into a range of options for marketers to pursue, allowing fully informed decision making.

One of the biggest mysteries in the world is why we fail to act upon our knowledge.

Examples of this phenomenon are endless, from the serious to the trivial. At one end of the spectrum, why don't sensible, rational people quit smoking when they know its devastating effects? At the other end, we know a hangover will ruin the next day but we have another drink regardless!

For pharmaceutical companies, the knowing-doing gap is a serious problem. For example, many firms have clinical evidence that proves their products have beneficial health outcomes. However, doctors still under-prescribe their products.

Responding to this gap, between what is scientifically proven knowledge and the ways in which prescribers act, companies try to provide health service personnel with more information on their products in the hope that prescribing will improve.

For the information overloaded doctor or nurse, more data does not automatically lead to better drug choices. Indeed, poor prescribing is not usually the fault of inadequate information but the lack of effective knowledge management.

Like pharma, the health service needs effective knowledge management frameworks in order to make better decisions. Similarly to the industry, the NHS has historically failed to manage its knowledge; however, with the introduction of TPCTs this may be about to change.

The Prime Minister has announced a £25m investment over three years to estab-

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lish a series of TPCTs in deprived areas.

These new bodies aim to provide teaching and clinical opportunities for healthcare professionals to support and improve delivery of services. They will also provide additional part-time doctor, nurse and other clinical posts, which will be hands-on as well as academically based.

TPCTs will work alongside local universities to provide a learning environment to increase the knowledge base upon which services are provided. The initial intention is to create 25 to 30 TPCTs by April 2003, a figure strikingly similar to the number of new Strategic Health Authorities.

Although this initiative may seem like a side-show, it suggests that NHS leaders are comfortable with the idea of involving academics and clinical teachers in the everyday running of the NHS

As a consequence, companies may find that, in affected areas, latest management theories and clinical evidence may translate into practice at a faster rate.

From a knowledge management perspective, this implies that the knowing-doing gap may begin to diminish in some parts of the NHS. TPCTs could lead to widespread use of evidence-based medicine or greater adherence to NICE guidelines.

More worrying for industry, those proposing things such as automatic drug substitution, essential drug lists or local purchasing of drugs may now be able to turn their thoughts into actions.

Under PPRS rules, companies must spend on education and training but not to directly promote products. To many companies, education budgets have, at worst, been seen as a waste of money, at best, a way of surreptitiously marketing their drugs while pretending to provide training on issues such as critical appraisal or evidence based practice.

Whilst the industry has been ignoring education, the Government has introduced a new learning agenda; the NHS and UK universities have agreed that public spending on education and training must improve patient welfare not just expand health professionals' minds.

In its manifesto, Labour also committed to the introduction of the NHS University to streamline education and training. The trend is clear; education is now seen as a key tool for improving patient care.

The danger here is that companies may find their ability to influence prescribers diminishes as NHS personnel develop closer relationships with academics who guide them on best clinical practice.

For companies with good products, this trend should be welcomed but those who rely on cunning marketing techniques not product efficacy will need to be even more inventive.

In response to the new education agenda companies should:

- re-examine the way their education budgets are spent
- start to view academics and other trainers as important influencers
- see education as part of the knowledge management process
- view training as a means of reducing the gap between prescribers' knowledge and actions
- encourage liaison staff to attend educational events alongside NHS personnel

However, NHS learners will cherish their education and it is doubtful that any industry attempts to use it as a means of promoting products and influencing prescribers will be welcomed warmly.

For an industry keen on influencing customers, the message is clear; learn alongside NHS colleagues but think twice before using education to influence them.

If you want to be known as an ethical company, maybe when it comes to training, these customers are educational untouchables.

THE AUTHOR
Dr Darrin Baines is the director of medM Limited

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